## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUDHOR

## Apr 29, 2005 08:00 AM Secretary of State **DOCUMENT # M98000001546** 1. Entity Name TRYON AVENUE MORTGAGE, LLC Mailing Address Principal Place of Business 1700 W 93RD TERR 1700 W 93RD TERR PLANTATION, FL 33322 PLANTATION, FL 33322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102005 Cha-LLC CR2E083 (10/03) City & State City & State 4. FEI Numbei Applied For 65-0890476 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required B. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City FL 5. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Sonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Janes de la companya Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR ☐ Addition Change | TITLE TITLE ☐ Delete NAME SHERRY, MICHAEL NAME 1773 WILSHIRE VILLAGE DRIVE STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP ☐ Delete me ☐ Change Addition TITLE NAME NAME U00000341109 STREET ADDRESS STREET ADDRESS 04/29/05-80002-016 55.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Change T Addition TITLE. ☐ Delete TIDE NAME NAME STREET AGORESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition nne NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cash, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as require

**FILED** 

Michael Sherry 4/26/05 793-1793